



PTO/SB/122 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|---|----------------------|------------------------|
| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 10/586,969-Conf. #6543 |
| | Filing Date | July 25, 2006 |
| | First Named Inventor | Masanao Kawabe |
| | Art Unit | 1796 |
| | Examiner Name | TESKIN, FRED M |
| | Attorney Docket No. | 80562(303086) |

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number:

OR

| | | | | | |
|---|---|-------|----|-------|-------|
| <input type="checkbox"/> Firm or Individual Name | James E. Armstrong, IV EDWARDS ANGELL PALMER & DODGE LLP | | | | |
| Address | P.O. Box 55874 | | | | |
| City | Boston | State | MA | Zip | 02205 |
| Country | US | | | | |
| Telephone | (617) 239-0100 | | | Email | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 42,266
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

| | | |
|--------------------------|------------------------|--------------------------|
| Signature | | |
| Typed or Printed Name | James E. Armstrong, IV | |
| Date | June 10, 2008 | Telephone (202) 478-7375 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

| |
|--|
| <input type="checkbox"/> *Total of <u>1</u> forms are submitted. |
|--|